Travel & Expense Account Transmittal Sheet

After Approval, Mail Receipts To

DRE-Accounting Office 2201 Broadway Sacramento,CA 95818	

Employee Name	Davi, Jeff	
Expense Dates	11/03/09-11/16/09	
Total Expense Amount	1573.29	
Amount Due Employee	1573.29	
Form ID	TEA000555397	

DIRECTIONS FOR SUBMISSION

1. Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.

Date	Expense Item	Amount	If not submitted - Explain
11/03	Lodging	116.86	
11/03	Parking, Auto	25.00	
11/04	Lodging	139.34	
11/04	Parking, Auto	28.00	
.5 11/05	Lodging	139.34	
11/12	Lodging	183.17	
11/12	Parking, Auto	30.00	
11/13	Lodging	191.33	
11/13	Parking, Auto	30.00	
18) 11/14	Lodging	200.74	
11/14	Parking, Auto	30.00	
12/ 12/15	Lodging	172.51	
13) 11/16	Gasoline	7.00	
14) 11/16	Taxi Fare	52.00	

2. Forward Transmittal Sheet and attached documentation through your approval process.

I have reviewed the following documents.

Approved by:

Barbara J Bigby



Hyatt Regency Huntington Beach Resort and Spa 21500 Pacific Coast Highway

Huntington Beach, CA 92648

Tel: 714-698-1234 Fax: 714-845-4990 huntingtonbeach.hyatt.com

INVOICE

Payee Mr Jeff Davi

Department Of Real Estate

2201 Broadway

Sacramento CA 95818

United States

Membership

Bonus Code

Confirmation No. 3229762401

Group Name

Room No. 4354

Arrival 11-03-09

Departure 11-04-09

Page No. 1 of 1

Folio 8562

Invoice

Cashier No. 111984

Date	Description		Charges Credits
11-03-09	Package Room	en vijetiji il tot ili kome il teksis filosom etiti oli tet italitet oli tita teksis oli oli oli oli oli oli o Oli	135.00 당년 00
11-03-09	City Occupancy Tax	The left	14.85
11-03-09	CA Assessment	the state of the s	0.25
11-03-09	Parking Overnight Valet	· 在1504年,	pkg - 25.00 32.825
11-03-09	Resort Fee	e Creek Tellen	16.00
11-03-09	City Occupancy Tax		1.76
11-04-09	American Express	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	192.86

No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.

. (500 <u>Provide Carlos Bases</u> Applination Reserv

Balance

0.00

192.86

192:86

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

நடிக்க ஓக்கக்கக்கிற நடிக்க WE HOPE YOU ENJOYED YOUR STAY WITH US!

If you have any questions regarding billing, please call 888-472-2870 or email na.customerservice@hyatt.com.

How was your stay? If you would like to share your comments with us or have any questions, please contact consumer affairs at qualityhunrh@hyatt.com or call us at 714-845-4622.

If you would like more information about our resort, please visit huntingtonbeach.hyatt.com and sign up to receive emails with resort special offers.

Please remit payment to: Hyatt Regency Huntington Beach Resort and Spa P.O. Box 202489 Dallas, TX 75320-2489

XXXXXXXXXX**/YY/**

XX/XX

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Balance



Andaz West Hollywood 8401 Sunset Boulevard West Hollywood, CA 90069

TEL: 323.656.1234 FAX: 323.650.7024

www.westhollywood.andaz.com

INVOICE

Payee Jeff Davi



United States

Membership

Bonus Code

Confirmation No. 3235423601

Group Name

attend Care in 11/5.

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artend Care in 11/5.

Pasaciena.

1008 Room No. 11-04-09 Arrival 11-06-09 Departure Page No. 1 of 1 Folio 27912 Invoice TOHLSON User ID

Date	Description			Charges	Credits
11-04-09	Parking Valet			28.00	
11-04-09	Guest Room			208.75-110	
11-04-09	Occupancy Tax 14.0%			29.23	9.34 tax
11-04-09	CA Assessment Fee			0.1.1	•
11-05-09	Parking Valet			28.00	
11-05-09	Guest Room			·- 208.75 (\	
11-05-09	Occupancy Tax 14.0%			29.23	1.34 tay
11-05-09	CA Assessment Fee			0.11	500.40
11-06-09	American Express	XXXXXXXXXX	XX/XX		302.18

Your Gold Passport account will be credited for this stay.

532.48 532.18 **Total** 0.00 **Balance**

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.



Davi, Mr. Jeff United States 600 F Street San Diego, CA 92101 Tel (619) 814-1000 Fax (619) 814-3636 www.ivyhotel.com

FOLIO NO.: 6562BQ ROOM NO.: V529 ARRIVE: 11/12/09

DEPART: 11/16/09
RATE/PACKAGE: 404.00

RATE/PACKAGE DESCRIPTION: Premium King

NO. IN PARTY: DEPOSIT REC'D:

DATE			DESCRIPTION		e CHARGES	PAYMENTS
11/12/09 11/12/09 11/12/09 11/12/09 11/12/09 11/13/09 11/13/09 11/13/09 11/13/09 11/14/09 11/14/09 11/14/09 11/14/09 11/14/09 11/15/09 11/15/09 11/15/09	Room Charge Room Tax Valet Parking SD Tourism Mrktg CA Tourism Tax Room Charge Room Tax Valet Parking SD Tourism Mrktg CA Tourism Tax Room Charge Room Tax Valet Parking SD Tourism Mrktg CA Tourism Tax Room Charge Room Tax Valet Parking SD Tourism Tax Room Charge Valet Parking Room Tax SD Tourism Mrktg CA Tourism Tax	Assess		pki	$ \begin{array}{c} 344.00 \\ 36.12 \\ 30.00 \\ 6.88 \\ 0.17 \\ 409.00 \\ 42.95 \\ 30.00 \\ 8.18 \\ 0.20 \\ 484.00 \\ 50.82 \\ 30.00 \\ 9.68 \\ 0.24 \\ 259.00 \\ 30.00 \\ 27.20 \\ 5.18 \\ 0.13 \end{array} $	743.11 0.00 751.3 ³
			Subtotals	\$	=1803:75	0.00
			BALANCE DUE	==== \$	1803.75	

11-16-09

WELCOME TO BOB STIVER'S SHELL

SHELL 2521 PACIFIC HIGHWAY SAN DIEGO CA 92:	57 442 736302 81K0970
Descr.	aty O amount
T CHAP STICK Prepay CA#02	7.00
Sut TOTA I	o Total 9.29 Tax 0.20
THANKS, CO	CASH \$ 20.00 Change \$ -20.51

REG# 0001 CSH# 004 DR# 01 TRAN# 12090 11/14/09 10-14-23 ST# AB123

PASSENGER'S RECEIPT, TAXI CAB FARE S.I.T.O.A. Airport Taxi

Driver's Phone Number (916) 505-8294

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24 Hours Dispatch Phone No.

916-444.0008

Driver's Name & Co.	Date : 1/6 / 00/
BIKRAM	Fare: 52.
WESTERN CAB CO. # 26	Total: 52.00

We appreciate your business and strive to get you to your destination in a timely and professional manner. Our service is also available for return trips to the Airport. If you have any comments or concerns please call: (916) 284-6878 or email us at sitoa1@yahoo.com. Thank You!

FROM:	Anpo	 AD-E
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